

KPCA
Final

Completion Report
Local Government Projects
Governor's Office for Local Development

Funding Program/HB#: e-PPIK

CF-4265

Project ID #: _____

RECEIVED

SEP 18 2008

BY _____

Check one of the following:

☐ Local Government Economic Development Fund (LGEDF) Coal Severance Grant

☐ Line-item Project

☐ Renaissance

☐ Cemetery

☐ Body Armor

☐ Area Development Fund (ADF)

☒ Other

Project Information

Project Title: Kentucky Primary Care Association e-Prescribing Partnership Round II

Project Allocation: \$85,000

Total Actual Funds Received: \$42,500

Total Actual Funds Expended: \$ 197,181.34

County: Franklin

ADD: Bluegrass

Type of Project (for example - construction, revitalization, purchase of land and equipment purchase, etc.):

e-prescribing partnership involving two Community Health Centers: Family Health Centers and Big Sandy Health Care

Start Date: March 2008

End Date: September 2008

If Water or Sewer Project, check one of the following and provide WX # and/or SX#:

☐ Water WX#: _____ ☐ Sewer SX#: _____

Has final draw been made? ☐ Yes ☒ No



Grantee Information

Legal Applicant / Funding Recipient (entity that will execute MOA): Kentucky Primary Care Association, Inc.

Mailing Address: PO Box 751

City, State, Zip Code: Frankfort, KY 40602

Office Phone: 502 227-4379

Office Fax: 502 223-7654

E-mail Address: jesmith@fewpb.net

Official's Name/Title: Joseph E. Smith, Executive Director County Franklin

Sub-Recipient Information (If different from Grantee)

Sub-recipient (if applicable): _____

Mailing Address: _____

City, State, Zip Code: _____ Office Phone: _____

Office Fax: _____ E-mail Address: _____

Type of Organization: _____

Contact Person: _____

Close-Out Narrative

Provide a narrative of how the project was completed (REQUIRED).

E-prescribing was implemented at 2 organizations (1 rural and 1 urban) with 50 providers at 11 clinics in 4 Kentucky counties.

Completion Report

Date of Project Completion: September 2008

Were any designated funds left over? (check one) ☐ yes ☒ no

If yes, please list dollar amount: \$ _____

Explain why (REQUIRED):



PLEASE NOTE: Any remaining funds must be returned to the Governor's Office for Local Development by check payable to the Kentucky State Treasurer.

Checklist

Make sure to complete all relevant forms and mail to the Governor's Office for Local Development.

☒ Attachment A-Financial Report

☐ Attachment C-ADF Project Only

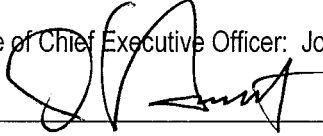
☐ Attachment B-Real Property

☒ Other financial reports, invoices and relevant documentation

Signatures

It is hereby certified that all activities undertaken by the recipient with funds provided under the Memorandum of Agreement (MOA) have to the best of my knowledge been carried out in accordance with the MOA and Project Scope of Work, that all funds have been expended or returned to the Commonwealth of Kentucky and that every statement and amount set forth in this instrument is true and correct as of this date.

Name and Title of Chief Executive Officer: Joseph E. Smith, Executive Director

Signature:  Date: 9-18-08

Name and Title of Third Party Recipient: _____

Signature: _____ Date: _____

FOR GOLD USE ONLY: This completion report is hereby approved. The MOA and all supporting documents required are received. All records for this project are required to be maintained for three (3) years from the date of completion.

GOLD Staff Reviewer: _____ Date: _____

GOLD Authorized Approval:  Date: 10-1-08



Attachment A: Financial Report

Please list all financial transactions of project (group like items together). Note: All attached forms are final pending completion and receipt of this financial report.

Payable	Amount	Purpose (equipment, supplies, etc.)
<u>By Big Sandy Health Care to:</u>		
MedPlus	\$ 7,200.00 ✓	e-prescribing for 15 providers for 2 years
CDW Government, Inc.	\$38,577.34 ✓	computers and related equipment
 <u>By Family Health Centers to:</u>		
MedPlus	\$16,800.00 ✓	e-prescribing for 35 providers for 2 years
CDW Government, Inc.	\$68,166.67 ✓	computers and related equipment
Yates Electric	\$11,866.74 ✓	computer related equipment and installation services
CDW Government, Inc.	\$ 3,663.90 ✓	computer related equipment
Yates Electric	\$ 3,669.92 ✓	computer related equipment and installation services
Core Data Comm	\$ 1,854.60 ✓	computer related equipment
Dell Marketing LP	\$45,382.17 ✓	computer related equipment and services
	<u>197,181.34</u>	

Signature

Check below and sign to certify attachment of all final close-out documents (e.g. inspections, certification of occupancy, copies of information, permits, invoices, receipts, etc.)

☒ All copies of final close out documents are attached.

Signature: 

Date: 9-18-08



Enhanced Kentucky All Schedule Prescription Electronic Reporting (eKASPER)

As part of the e-Prescribing Partnerships in Kentucky (ePPIK) grant program, recipients agreed to integrate the Enhanced Kentucky All Schedule Prescription Electronic Reporting (eKASPER) system into their prescribing and dispensing practices, and to provide an assessment of the impact of e-Prescribing (e-Rx) and Electronic Medical Records (EMR) technologies on eKASPER. Following is a recommended guide regarding the assessment and reporting related to eKASPER usage within the ePPIK program.

Integration of eKASPER with Prescribing and Dispensing Practices

1. How many of the prescribing and dispensing practitioners involved in the ePPIK project have eKASPER master accounts (new and existing)? Delegate accounts (new and existing)?
All prescribers of controlled substances for adults have eKASPER accounts.
2. How many of your eKASPER users received training on eKASPER? What type of training?
eKASPER training has been done through informational handouts from the eKASPER program as well as ongoing discussions in staff meetings as questions arise.
3. What criteria and process did you establish for determining when an eKASPER report should be requested on a patient?
All eKASPER's are obtained by the provider at their discretion, based on the patient's clinic care plan.
4. What process did you implement to evaluate the information returned from eKASPER?
Information received on the eKASPER is reviewed by the prescriber and evaluated in the context of the patient's clinical care.
5. What do you do with the eKASPER reports and/or data?
This data is reviewed by the provider and then either destroyed or held confidentially by the provider outside of the medical record.
6. What process did you implement to follow when an eKASPER report indicated a potential patient problem with controlled substance abuse, addiction or diversion?
When a problem with controlled substance abuse, addiction or diversion is identified, the provider takes steps to further assess the situation based on the patients' individual situation. The provider will use his clinical and professional judgment to decide whether to discontinue controlled substances, recommend dismissal of the patient from our practice and/or to report their concerns to the police.

e-Prescribing Partnerships in Kentucky Evaluation Guide

Impact of e-Prescribing on eKASPER

1. What e-Rx and/or EMR software products/packages did you implement or utilize under the ePPIK grant program?
The ePrescribing software used for the Family Health Centers (FHC) implementation was Quest Care360 Physician Portal and the subscription was partially grant funded.
2. Was there an electronic interface to eKASPER existing or implemented within your e-Rx and/or EMR software? How was it implemented?
(If not, please describe how you would envision e-Rx and EMR systems interacting electronically with eKASPER.)
Currently FHC has no interfaces built between the Care360 system and eKASPER; however, we would strongly consider implementing any future interface.
3. What technical issues or challenges related to linking e-Rx and EMR systems with eKASPER did you experience or do you foresee?
No major technical issues were encountered in linking the ePrescribing system to eKASPER, as the eKASPER system was already being utilized independently. However, the ePrescribing systems use of wireless tablet PC's did make the data more readily available to our providers at the point of care.
4. What business, procedural and regulatory issues or challenges related to linking e-Rx and EMR systems with eKASPER do you foresee?
The major regulatory challenges keeping FHC from fully utilizing the ePrescribing system are the limitations set for electronically transmitting controlled substances through the ePrescribing system. The DEA regulations excluding Class 2 controlled substances from electronic submission and Kentucky's regulations restricting the electronic fax submittal of Class 3 and higher controlled substances creates a major workflow issue for the participating providers. In addition if the provider decides to segregate the controlled substance prescribing on a manual paper process it produces a much less meaningful and partial electronic ePrescribing chart.

e-Prescribing Partnerships in Kentucky Evaluation Guide

Recommendations to Improve eKASPER Access, Usability, and/or Information Quality

1. What technical limitations or constraints related to eKASPER did you observe or experience? What recommendations would you make to resolve those limitations or constraints?
No limitations.
2. What recommendations do you have to improve access to eKASPER data?
None.
3. What recommendations do you have to improve the quality of eKASPER data?
None
4. What recommendations do you have to improve the timeliness (currency) of eKASPER data
As timely as possible is best.
5. What recommendations do you have regarding eKASPER training needs?
Ongoing information the KBML bulletin would be good, or a mandatory training with license renewal like has been done with domestic violence training.
6. Do you have any recommendations regarding electronic linkage between eKASPER and e-RX and EMR systems?
No.
7. Do you have any other recommendations to improve the efficiency or usefulness of eKASPER?
No.

e-Prescribing Partnerships in Kentucky Evaluation Guide

General Evaluation Questions

These questions are about the implementation of e-Prescribing and how it has impacted your business processes. The goal of these questions is to provide learning for others planning to implement this functionality.

1. After the project was completed, what percentage of the prescriptions process use e-prescribing to send the prescription from the Physician to the Pharmacy?
With the limitations of the Care360 report generator this number is difficult to quantify, however, in the last week we have approved approximately 500 eRx prescriptions and refill requests so I would put the adoption rate somewhere around 25%.
2. Is there any point in your usage of the e-prescribing process that you need to provide intervention to complete the medication dispensing process? For example, is there any point where paper is printed or a phone call needs to be made?
For controlled medications.
3. Please name the vendor you selected and the software implemented.
Quest Diagnostics Care360 Physician Portal.
4. Did the vendor meet your expectations? Would you recommend this vendor? Would you recommend this product?
While the Care360 program is intuitive and easy to use it lacks some flexibility to make it the preferred product for large multi-site facilities such as ours. In addition the system is plagued by some inherent technical issues that causes Quests Internet servers to slow down and lock up periodically which creates major workflow issues and frustrates providers. As far as recommending the vendor and/or product that would depend strongly on the size and complexity of the practice involved.
5. How many people were trained to use the system?
Approximately 100 providers, nursing, and IT staff have been trained to use the system.
6. What is your support model or how do you plan to sustain the system?
The primary support for the product is performed by the FHC IS Department, Quest Diagnostics support is used for any issues that cannot be resolved in house. This method is proven for all other data center application FHC supports and is the model we will continue to use in the future.
7. What business process improvements have you been able to implement as a result of using this software? What process improvements do you plan for the future?
Some streamlining of refill requests from the pharmacy have occurred.
8. If you had this project to do over again, what would you do different? What would you keep the same?
Since the grant allowed us to implement ePrescribing much earlier than we would have any other way I'm not sure what we would have done differently. However, in retrospect

**e-Prescribing Partnerships in Kentucky
Evaluation Guide**

it would have been better to have had more time to have done a thorough evaluation of the product to identify some of its inherent weaknesses in a large practice environment.

Enhanced Kentucky All Schedule Prescription Electronic Reporting (eKASPER)

As part of the e-Prescribing Partnerships in Kentucky (ePPIK) grant program, recipients agreed to integrate the Enhanced Kentucky All Schedule Prescription Electronic Reporting (eKASPER) system into their prescribing and dispensing practices, and to provide an assessment of the impact of e-Prescribing (e-Rx) and Electronic Medical Records (EMR) technologies on eKASPER. Following is a recommended guide regarding the assessment and reporting related to eKASPER usage within the ePPIK program.

Integration of eKASPER with Prescribing and Dispensing Practices

1. How many of the prescribing and dispensing practitioners involved in the ePPIK project have eKASPER master accounts (new and existing)? Delegate accounts (new and existing)?

Four Master Accounts: Three existing and one new. One delegate account. Based on experience with the ePPIK program, the organization has initiated establishing eKASPER accounts for all new providers during the orientation period with RN delegate accounts at each clinical site. We have also begun the process of establishing formalized procedures for e-prescribing.

2. How many of your eKASPER users received training on eKASPER? What type of training? *No formal training established.*
3. What criteria and process did you establish for determining when an eKASPER report should be requested on a patient? *Each provider makes that decision based on presenting symptoms, patient history and provider's clinical judgment.*
4. What process did you implement to evaluate the information returned from eKASPER? *No formal process. Each provider evaluates the information.*
5. What do you do with the eKASPER reports and/or data? *Stored in a locked cabinet.*
6. What process did you implement to follow when an eKASPER report indicated a potential patient problem with controlled substance abuse, addiction or diversion? *If an eKASPER report indicates a potential substance abuse problem, the course of action is based on the primary care provider's clinical judgment.*

Impact of e-Prescribing on eKASPER

1. What e-Rx and/or EMR software products/packages did you implement or utilize under the ePPIK grant program? *Quest Care 360 E-prescribing*
2. Was there an electronic interface to eKASPER existing or implemented within your e-Rx and/or EMR software? *The organization does not have an EMR; therefore there is no interface. Care 360 E-prescribing does not have an interface with eKASPER.*

How was it implemented?

e-Prescribing Partnerships in Kentucky Evaluation Guide

(If not, please describe how you would envision e-Rx and EMR systems interacting electronically with eKASPER.) *eKASPER data would accessible form the EMR and e-rx.*

3. What technical issues or challenges related to linking e-Rx and EMR systems with eKASPER did you experience or do you foresee? Technical issue: *Laws needs to catch up with technology. At this time, scheduled medications cannot be prescribed electronically.*
4. What business, procedural and regulatory issues or challenges related to linking e-Rx and EMR systems with eKASPER do you foresee? *Interoperability, patient confidentiality issues, and provider prescribing practices.*

Recommendations to Improve eKASPER Access, Usability, and/or Information Quality

1. What technical limitations or constraints related to eKASPER did you observe or experience? What recommendations would you make to resolve those limitations or constraints? *None*
2. What recommendations do you have to improve access to eKASPER data? *None*
3. What recommendations do you have to improve the quality of eKASPER data? *None*
4. What recommendations do you have to improve the timeliness (currency) of eKASPER data? *None*
5. What recommendations do you have regarding eKASPER training needs? *Need to formalize training.*
6. Do you have any recommendations regarding electronic linkage between eKASPER and e-RX and EMR systems? *Currently, within our organization there is no EMR. Our E-prescribing program does not link with eKasper.*
7. Do you have any other recommendations to improve the efficiency or usefulness of eKASPER? *None*

General Evaluation Questions

These questions are about the implementation of e-Prescribing and how it has impacted your business processes. The goal of these questions is to provide learning for others planning to implement this functionality.

1. After the project was completed, what percentage of the prescriptions process use e-prescribing to send the prescription from the Physician to the Pharmacy? *Currently, approximately 60% of prescriptions are e-prescribed.*
2. Is there any point in your usage of the e-prescribing process that you need to provide intervention to complete the medication dispensing process? For example, is there any point where paper is printed or a phone call needs to be made? *Due to intermittent system problems with the Care 360 problem, prescribers are often forced to hand write or call in prescriptions to area pharmacies. This is an almost daily occurrence. The vendor is well aware of the problems.*
3. Please name the vendor you selected and the software implemented. *Vendor: Quest Diagnostics/Medplus System Software: Care 360 E-prescribing*

e-Prescribing Partnerships in Kentucky Evaluation Guide

4. Did the vendor meet your expectations? *No*

Would you recommend this vendor? No, the vendor support has been second rate. Follow ups to problems are ignored by the vendor. Questions or suggestions we provide seem to be ignored. Reoccurring problems with the system seem to be systematic with no estimated time to complete resolution. Product training was not acceptable. There was no follow through training provided by the Vendor. When dealing with a technological change such as this, the vendor must provide instant support to help the organization keep staff with a positive attitude and positive use of the product.

Would you recommend this product? Yes. Overall, the product is easy to use and meets the functionality needed by providers; however, there are changes that need to be implemented in the system to further enhance performance. Better product support would be another major recommendation from our organization.

5. How many people were trained to use the system? *25*

6. What is your support model or how do you plan to sustain the system?

Support Model:

Big Sandy Health Care has internal Information Technology personnel. This is the first line of support for staff when dealing with the Care360 e-prescribing system questions and problems. If the internal IT staff cannot answer the question or resolve the problem, the IT staff contacts the Care360 support line to report the problem and enlist vendor support.

Sustaining the System:

In our case, the Care360 system licenses have been purchased for 15 providers within our organization for 2 years from start of service. The payment for these licenses was paid up front for the two year period. Our organization plans to use Care360 e-prescribing to its full potential. At the end of the two year period, Big Sandy Health Care will evaluate the effectiveness and cost savings of the service to determine future use of the product. However, the organization's long term strategy is to implement a full EMR with built in e-prescribing capabilities.

7. What business process improvements have you been able to implement as a result of using this software? What process improvements do you plan for the future?

Business Process Improvements:

Business Process Improvements:

- a. E-prescriptions that are sent to our internal pharmacies are transferred directly into our QSI NRx pharmacy system using surescripts. These prescriptions are filled at the patient's request without any paper trail or room for tamper.*
- b. Current patient medication lists are printed and patient refill practices/compliance to medication regime are identified.*
- c. The organization uses Care360 reporting tools to complete monthly analysis on:*
 - E-prescriptions written by provider*
 - E-prescriptions written by clinic*
 - Summary of e-prescriptions to identify patient pharmacy preferences*

e-Prescribing Partnerships in Kentucky Evaluation Guide

8. If you had this project to do over again, what would you do different? What would you keep the same?

Items we would do different:

- a. Demand more intensive training and follow up training.*
- b. Integrate more planning before rollout of product.*
- c. Hold initial training during non-business hours so providers could take part in learning the background of E-prescribing and participate in an environment that was not live.*
- d. Make sure that one Provider takes a lead role in implementing E-prescribing.*
- e. Develop procedures for handling external pharmacy questions about our new system.*
- f. Increased support from Upper Management for change to E-prescribing.*
- g. Increased involvement and follow up from IT support staff.*